

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center; font-weight: bold;">10/593989</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		3		1			54						
5		①		1			55						
6		①		1			56						
7		①		1			57						
8	1		1				58						
9		1		1			59						
10		2		1			60						
11		①		1			61						
12		①		1			62						
13				1			63						
14				1			64						
15				1			65						
16				1			66						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓	0	↓	TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	13	←	14	←	0	←	TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	15		16		0		TOTAL CLAIMS	0		0		0	

PTO - 1360 (REV. 04/2007)

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